

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5	/						55				
6	5						56				
7	5						57				
8	5						58				
9	5						59				
10	5						60				
11	5						61				
12	5						62				
13	5						63				
14	5						64				
15	5						65				
16	5						66				
17	5						67				
18	5						68				
19	5						69				
20	5						70				
21	5						71				
22	5						72				
23	5						73				
24	5						74				
25	5						75				
26	5						76				
27	5						77				
28	5						78				
29	5						79				
30	5						80				
31	5						81				
32	5						82				
33	5						83				
34	5						84				
35	5						85				
36	5						86				
37	5						87				
38	5						88				
39	5						89				
40	5						90				
41	5						91				
42	5						92				
43	5						93				
44	5						94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5		J		J		TOTAL IND.			J	
TOTAL DEP.	195		J		J		TOTAL DEP.	J		J	
TOTAL CLAIMS	200						TOTAL CLAIMS				